

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                           |                                                                                                                                                                                                                                                             |                                     |                              |                               |                                |                              |                          |                          |                          |                          |                          |                       |                        |                          |                             |                              |                               |                                |                              |                |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------|-------------------------------|--------------------------------|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------|------------------------|--------------------------|-----------------------------|------------------------------|-------------------------------|--------------------------------|------------------------------|----------------|--------------|
| Name of Debtor (if individual, enter Last, First, Middle):<br><br><i>Clark, David J.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                              | Name of Joint Debtor (Spouse)(Last, First, Middle):<br><br><i>Clark, Shannon</i>                                                          |                                                                                                                                                                                                                                                             |                                     |                              |                               |                                |                              |                          |                          |                          |                          |                          |                       |                        |                          |                             |                              |                               |                                |                              |                |              |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):<br><br><b>NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                              | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):<br><br><b>aka Shannon Dapice</b> |                                                                                                                                                                                                                                                             |                                     |                              |                               |                                |                              |                          |                          |                          |                          |                          |                       |                        |                          |                             |                              |                               |                                |                              |                |              |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>4763</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                              | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>9565</b>              |                                                                                                                                                                                                                                                             |                                     |                              |                               |                                |                              |                          |                          |                          |                          |                          |                       |                        |                          |                             |                              |                               |                                |                              |                |              |
| Street Address of Debtor (No. & Street, City, and State):<br><br><b>257 Park Lane<br/>Sauk Village IL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                              | Street Address of Joint Debtor (No. & Street, City, and State):<br><br><b>257 Park Lane<br/>Sauk Village IL</b>                           |                                                                                                                                                                                                                                                             |                                     |                              |                               |                                |                              |                          |                          |                          |                          |                          |                       |                        |                          |                             |                              |                               |                                |                              |                |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                              | <b>ZIPCODE</b><br><b>60411</b>                                                                                                            |                                                                                                                                                                                                                                                             |                                     |                              |                               |                                |                              |                          |                          |                          |                          |                          |                       |                        |                          |                             |                              |                               |                                |                              |                |              |
| County of Residence or of the Principal Place of Business: <b>Cook</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                              | County of Residence or of the Principal Place of Business: <b>Cook</b>                                                                    |                                                                                                                                                                                                                                                             |                                     |                              |                               |                                |                              |                          |                          |                          |                          |                          |                       |                        |                          |                             |                              |                               |                                |                              |                |              |
| Mailing Address of Debtor (if different from street address):<br><br><b>SAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                              | Mailing Address of Joint Debtor (if different from street address):<br><br><b>SAME</b>                                                    |                                                                                                                                                                                                                                                             |                                     |                              |                               |                                |                              |                          |                          |                          |                          |                          |                       |                        |                          |                             |                              |                               |                                |                              |                |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                              | <b>ZIPCODE</b>                                                                                                                            |                                                                                                                                                                                                                                                             |                                     |                              |                               |                                |                              |                          |                          |                          |                          |                          |                       |                        |                          |                             |                              |                               |                                |                              |                |              |
| Location of Principal Assets of Business Debtor (if different from street address above): <b>NOT APPLICABLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                              | <b>ZIPCODE</b>                                                                                                                            |                                                                                                                                                                                                                                                             |                                     |                              |                               |                                |                              |                          |                          |                          |                          |                          |                       |                        |                          |                             |                              |                               |                                |                              |                |              |
| <b>Type of Debtor</b> (Form of organization)<br><br>(Check one box.)<br><br><input checked="" type="checkbox"/> Individual (includes Joint Debtors)<br><i>See Exhibit D on page 2 of this form.</i><br><br><input type="checkbox"/> Corporation (includes LLC and LLP)<br><input type="checkbox"/> Partnership<br><br><input type="checkbox"/> Other (if debtor is not one of the above entities, check this box and state type of entity below)                                                                                                                                                                                                                                                                                         | <b>Nature of Business</b> (Check one box.)                                                                                                                                                                                                                                                                                                   |                                                                                                                                           |                                                                                                                                                                                                                                                             |                                     |                              |                               |                                |                              |                          |                          |                          |                          |                          |                       |                        |                          |                             |                              |                               |                                |                              |                |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Health Care Business<br><input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B)<br><input type="checkbox"/> Railroad<br><input type="checkbox"/> Stockbroker<br><input type="checkbox"/> Commodity Broker<br><input type="checkbox"/> Clearing Bank<br><input type="checkbox"/> Other |                                                                                                                                           |                                                                                                                                                                                                                                                             |                                     |                              |                               |                                |                              |                          |                          |                          |                          |                          |                       |                        |                          |                             |                              |                               |                                |                              |                |              |
| <b>Filing Fee</b> (Check one box)<br><br><input checked="" type="checkbox"/> Full Filing Fee attached<br><br><input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.<br><br><input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.                                                                                                                                                       | <b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)                                                                                                                                                                                                                                                          |                                                                                                                                           |                                                                                                                                                                                                                                                             |                                     |                              |                               |                                |                              |                          |                          |                          |                          |                          |                       |                        |                          |                             |                              |                               |                                |                              |                |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Chapter 7<br><input type="checkbox"/> Chapter 9<br><input type="checkbox"/> Chapter 11<br><input type="checkbox"/> Chapter 12<br><input checked="" type="checkbox"/> Chapter 13                                                                                                                                     |                                                                                                                                           |                                                                                                                                                                                                                                                             |                                     |                              |                               |                                |                              |                          |                          |                          |                          |                          |                       |                        |                          |                             |                              |                               |                                |                              |                |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Tax-Exempt Entity</b> (Check box, if applicable.)                                                                                                                                                                                                                                                                                         |                                                                                                                                           | <b>Nature of Debts</b> (Check one box)                                                                                                                                                                                                                      |                                     |                              |                               |                                |                              |                          |                          |                          |                          |                          |                       |                        |                          |                             |                              |                               |                                |                              |                |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).                                                                                                                                                                                                           |                                                                                                                                           | <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose"<br><input type="checkbox"/> Debts are primarily business debts. |                                     |                              |                               |                                |                              |                          |                          |                          |                          |                          |                       |                        |                          |                             |                              |                               |                                |                              |                |              |
| <b>Chapter 11 Debtors:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                           |                                                                                                                                                                                                                                                             |                                     |                              |                               |                                |                              |                          |                          |                          |                          |                          |                       |                        |                          |                             |                              |                               |                                |                              |                |              |
| <b>Check one box:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                           |                                                                                                                                                                                                                                                             |                                     |                              |                               |                                |                              |                          |                          |                          |                          |                          |                       |                        |                          |                             |                              |                               |                                |                              |                |              |
| <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D).<br><input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                           |                                                                                                                                                                                                                                                             |                                     |                              |                               |                                |                              |                          |                          |                          |                          |                          |                       |                        |                          |                             |                              |                               |                                |                              |                |              |
| <b>Check if:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                           |                                                                                                                                                                                                                                                             |                                     |                              |                               |                                |                              |                          |                          |                          |                          |                          |                       |                        |                          |                             |                              |                               |                                |                              |                |              |
| <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                           |                                                                                                                                                                                                                                                             |                                     |                              |                               |                                |                              |                          |                          |                          |                          |                          |                       |                        |                          |                             |                              |                               |                                |                              |                |              |
| <b>Check all applicable boxes:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                           |                                                                                                                                                                                                                                                             |                                     |                              |                               |                                |                              |                          |                          |                          |                          |                          |                       |                        |                          |                             |                              |                               |                                |                              |                |              |
| <input type="checkbox"/> A plan is being filed with this petition<br><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                           |                                                                                                                                                                                                                                                             |                                     |                              |                               |                                |                              |                          |                          |                          |                          |                          |                       |                        |                          |                             |                              |                               |                                |                              |                |              |
| <b>Statistical/Administrative Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                              | THIS SPACE IS FOR COURT USE ONLY                                                                                                          |                                                                                                                                                                                                                                                             |                                     |                              |                               |                                |                              |                          |                          |                          |                          |                          |                       |                        |                          |                             |                              |                               |                                |                              |                |              |
| <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.<br><input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                           |                                                                                                                                                                                                                                                             |                                     |                              |                               |                                |                              |                          |                          |                          |                          |                          |                       |                        |                          |                             |                              |                               |                                |                              |                |              |
| <b>Estimated Number of Creditors</b><br><table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>Over 100,000</td> </tr> </table>                                                                           |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                           |                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/>       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1-49                  | 50-99                  | 100-199                  | 200-999                     | 1,000-5,000                  | 5,001-10,000                  | 10,001-25,000                  | 25,001-50,000                | 50,001-100,000 | Over 100,000 |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                    | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/>       | <input type="checkbox"/>     | <input type="checkbox"/> |                          |                          |                          |                          |                       |                        |                          |                             |                              |                               |                                |                              |                |              |
| 1-49                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 50-99                                                                                                                                                                                                                                                                                                                                        | 100-199                                                                                                                                   | 200-999                                                                                                                                                                                                                                                     | 1,000-5,000                         | 5,001-10,000                 | 10,001-25,000                 | 25,001-50,000                  | 50,001-100,000               | Over 100,000             |                          |                          |                          |                          |                       |                        |                          |                             |                              |                               |                                |                              |                |              |
| <b>Estimated Assets</b><br><table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> </tr> </table>      |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                           |                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/>       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$0 to \$50,000          | \$50,001 to \$100,000 | \$100,001 to \$500,000 | \$500,001 to \$1 million | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,001 to \$500 million | \$500,000,001 to \$1 billion |                |              |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                    | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/>       | <input type="checkbox"/>     |                          |                          |                          |                          |                          |                       |                        |                          |                             |                              |                               |                                |                              |                |              |
| \$0 to \$50,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$50,001 to \$100,000                                                                                                                                                                                                                                                                                                                        | \$100,001 to \$500,000                                                                                                                    | \$500,001 to \$1 million                                                                                                                                                                                                                                    | \$1,000,001 to \$10 million         | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,001 to \$500 million | \$500,000,001 to \$1 billion |                          |                          |                          |                          |                          |                       |                        |                          |                             |                              |                               |                                |                              |                |              |
| <b>Estimated Liabilities</b><br><table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                           |                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/>       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$0 to \$50,000          | \$50,001 to \$100,000 | \$100,001 to \$500,000 | \$500,001 to \$1 million | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,001 to \$500 million | \$500,000,001 to \$1 billion |                |              |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                    | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/>       | <input type="checkbox"/>     |                          |                          |                          |                          |                          |                       |                        |                          |                             |                              |                               |                                |                              |                |              |
| \$0 to \$50,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$50,001 to \$100,000                                                                                                                                                                                                                                                                                                                        | \$100,001 to \$500,000                                                                                                                    | \$500,001 to \$1 million                                                                                                                                                                                                                                    | \$1,000,001 to \$10 million         | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,001 to \$500 million | \$500,000,001 to \$1 billion |                          |                          |                          |                          |                          |                       |                        |                          |                             |                              |                               |                                |                              |                |              |

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

David Clark

Shannon Clark

**All Prior Bankruptcy Cases Filed Within Last 8 Years**

(If more than two, attach additional sheet)

|                                                               |                                   |                                |
|---------------------------------------------------------------|-----------------------------------|--------------------------------|
| Location Where Filed:<br><b>Northern District of Illinois</b> | Case Number:<br><b>04 B 36383</b> | Date Filed:<br><b>9/30/04</b>  |
| Location Where Filed:<br><b>Northern District of Illinois</b> | Case Number:<br><b>05 B 41842</b> | Date Filed:<br><b>09/29/05</b> |

**Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor**

(If more than one, attach additional sheet)

|                                |               |             |
|--------------------------------|---------------|-------------|
| Name of Debtor:<br><b>NONE</b> | Case Number:  | Date Filed: |
| District:                      | Relationship: | Judge:      |

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11)

Exhibit A is attached and made a part of this petition

**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X**

Signature of Attorney for Debtor(s)

10-16-09

Date

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and exhibit C is attached and made a part of this petition.  
 No

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**

(Check any applicable box)

Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes.)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s)  
David T. Clark

Shannon Clark

**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b)

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X David T. Clark

Signature of Debtor

X Shannon Clark

Signature of Joint Debtor

Telephone Number (if not represented by attorney)

10-16-09

Date

**Signature of Attorney\***Peter J. Machunas

Signature of Attorney for Debtor(s)

Peter J. Machunas 6201668

Printed Name of Attorney for Debtor(s)

Law Offices of Thomas M. Britt, P.C.

Firm Name

7601 W. 191st Street

Address

Suite 1W

Tinley Park IL 60487

(815) 464-5533

Telephone Number

10-16-09

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

(Signature of Foreign Representative)

(Printed name of Foreign Representative)

(Date)

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re *David J. Clark*  
and  
*Shannon Clark*

Case No. 09-B  
Chapter 13

---

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**WARNING:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now.

*[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

4. I am not required to receive a credit counseling briefing because of. [Check the applicable statement]

[Must be accompanied by a motion for determination by the court.]

- Incapacity. (Defined in 11 U.S.C. § 109 (h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- Disability. (Defined in 11 U.S.C. § 109 (h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: David T. Orr

Date: 10-16-09

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re *David J. Clark*  
and  
*Shannon Clark*

Case No. 09-B  
Chapter 13

---

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**WARNING:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now.

*[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

Case 09-38918 Doc 1 Filed 10/17/09 Entered 10/17/09 09:23:16 Desc Main

Document Page 7 of 21

4. I am not required to receive a credit counseling briefing because of. [Check the applicable statement]

[Must be accompanied by a motion for determination by the court]

Incapacity. (Defined in 11 U.S.C. § 109 (h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);  
 Disability. (Defined in 11 U.S.C. § 109 (h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);  
 Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: Shannen Clark

Date: 10-16-09

## NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

### **1. Services Available from Credit Counseling Agencies**

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

### **2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

#### **Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a wilful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

#### **Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years

or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### **Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### **Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### **3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

#### **Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed name and title, if any, of Bankruptcy Petition Preparer

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address:

X \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer or officer,  
principal, responsible person, or partner whose Social  
Security number is provided above.

#### **Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

David J. Clark and Shannon Clark

X *David J. Clark* 10-16-09  
Signature of Debtor Date

Printed Name(s) of Debtor(s)

Case No. (if known) 09 B

X *Shannon Clark* 10-16-09  
Signature of Joint Debtor (if any) Date

In re *David J. Clark*  
and

*Shannon Clark*  
aka *Shannon Dapice*

Case No. 09-B  
Chapter 13

/ Debtor

Attorney for Debtor: *Peter J. Muchunas*

## STATEMENT PURSUANT TO RULE 2016(B)

The undersigned, pursuant to Rule 2016(b), Bankruptcy Rules, states that:

1. The undersigned is the attorney for the debtor(s) in this case.
2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:
 

|                                                                                                                 |    |          |
|-----------------------------------------------------------------------------------------------------------------|----|----------|
| a) For legal services rendered or to be rendered in contemplation of and in connection with this case . . . . . | \$ | 3,500.00 |
| b) Prior to the filing of this statement, debtor(s) have paid . . . . .                                         | \$ | 350.00   |
| c) The unpaid balance due and payable is . . . . .                                                              | \$ | 3,150.00 |
3. \$ 274.00 of the filing fee in this case has been paid.
4. The Services rendered or to be rendered include the following:
  - a) Analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
  - b) Preparation and filing of the petition, schedules, statement of financial affairs and other documents required by the court.
  - c) Representation of the debtor(s) at the meeting of creditors.
5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and  
*None other*
6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and  
*None other*
7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated:  
*None*
8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:  
*None*

Dated:

Respectfully submitted,



X \_\_\_\_\_  
 Attorney for Petitioner: *Peter J. Muchunas*  
*Law Offices of Thomas M. Britt, P.C.*  
*7601 W. 191st Street*  
*Suite 1W*  
*Tinley Park IL 60487*  
*(815) 464-5533*

In re David J. Clark and Shannon Clark  
Debtor(s)

Case No. 09 B

(if known)

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| Creditor's Name and<br>Mailing Address<br>Including ZIP Code and<br>Account Number<br>(See Instructions Above.) | Co-Debtor | Date Claim was Incurred, Nature<br>of Lien, and Description and Market<br>Value of Property Subject to Lien | Amount of Claim<br>Without<br>Deducting Value<br>of Collateral |              |          | Unsecured<br>Portion, If Any |
|-----------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------|----------|------------------------------|
|                                                                                                                 |           |                                                                                                             | Contingent                                                     | Unliquidated | Disputed |                              |
| Account No: <u>154910878454</u>                                                                                 |           | H-Husband<br>W-Wife<br>J-Joint<br>C-Community                                                               |                                                                |              |          | \$ 11,516.00                 |
| Creditor # : 1<br>GMAC<br>PO Box 380901<br>Bloomington IL 55438                                                 |           | J<br><br>Auto Lease<br>2007 Chevy Impala<br><br>Value: \$ 11,000                                            |                                                                |              |          | \$ 11,516.00                 |
| Account No:                                                                                                     |           |                                                                                                             |                                                                |              |          |                              |
|                                                                                                                 |           |                                                                                                             |                                                                |              |          |                              |
| Account No:                                                                                                     |           |                                                                                                             |                                                                |              |          |                              |
|                                                                                                                 |           |                                                                                                             |                                                                |              |          |                              |
| No continuation sheets attached                                                                                 |           |                                                                                                             |                                                                |              |          |                              |

|                                            |                     |                     |
|--------------------------------------------|---------------------|---------------------|
| <b>Subtotal \$</b><br>(Total of this page) | <b>\$ 11,516.00</b> | <b>\$ 11,516.00</b> |
| <b>Total \$</b><br>(Use only on last page) | <b>\$ 11,516.00</b> | <b>\$ 11,516.00</b> |

(Report also on Summary of  
Schedules.) (If applicable, report also on  
Statistical Summary of  
Certain Liabilities and  
Related Data)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts NOT entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

**Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

**Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

**Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

**Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

**Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

**Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

**Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

**Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

**Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\*Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

**No continuation sheets attached**

B6F (Official Form 6F) (12/07)

In re David J. Clark and Shannon Clark  
**Debtor(s)**

Case No. 09 B

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules, and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| Creditor's Name, Mailing Address<br>including Zip Code,<br>And Account Number<br>(See instructions above.) | Co-Debtor | Date Claim was Incurred,<br>and Consideration for Claim.<br>If Claim is Subject to Setoff, so State. | Contingent                                                                                                                                                                         | Unliquidated | Disputed | Amount of Claim                                   |
|------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|---------------------------------------------------|
|                                                                                                            |           |                                                                                                      |                                                                                                                                                                                    |              |          | H--Husband<br>W--Wife<br>J--Joint<br>C--Community |
| Account No: 5178057304929834                                                                               |           | J Credit Card Purchases                                                                              |                                                                                                                                                                                    |              |          | \$ 1,613.00                                       |
| Creditor # : 1<br>Capital One Bank USA NA<br>PO Box 30281<br>Salt Lake City UT 84130-0281                  |           |                                                                                                      |                                                                                                                                                                                    |              |          |                                                   |
| Account No: 10550243                                                                                       |           | J Medical Bills                                                                                      |                                                                                                                                                                                    |              |          | \$ 114.00                                         |
| Creditor # : 2<br>CB Accounts<br>PO Box 1289<br>Peoria IL 61654-1289                                       |           |                                                                                                      |                                                                                                                                                                                    |              |          |                                                   |
| Account No: 6276456044833174                                                                               |           | J Credit Card Purchases                                                                              |                                                                                                                                                                                    |              |          | \$ 404.00                                         |
| Creditor # : 3<br>Citibank/Fingerhut<br>6250 Ridgewood Road<br>Saint Cloud MN 56303                        |           |                                                                                                      |                                                                                                                                                                                    |              |          |                                                   |
| Account No: 73558                                                                                          |           | J Medical Bills                                                                                      |                                                                                                                                                                                    |              |          | \$ 22.34                                          |
| Creditor # : 4<br>Consultants in Gastroenterology<br>701 Superior Avenue<br>Suite G<br>Munster IN 46321    |           |                                                                                                      |                                                                                                                                                                                    |              |          |                                                   |
| 4 continuation sheets attached                                                                             |           |                                                                                                      | Subtotal \$                                                                                                                                                                        |              |          | \$ 2,153.34                                       |
|                                                                                                            |           |                                                                                                      | Total \$                                                                                                                                                                           |              |          |                                                   |
|                                                                                                            |           |                                                                                                      | (Use only on last page of the completed Schedule F. Report also on Summary of Schedules<br>and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data) |              |          |                                                   |

In re David J. Clark and Shannon Clark  
Debtor(s)

Case No. 09 B

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| Creditor's Name, Mailing Address<br>including Zip Code,<br>And Account Number<br><i>(See instructions above.)</i> | Co-Debtor | Date Claim was incurred,<br>and Consideration for Claim.<br>If Claim is Subject to Setoff, so State. | Contingent | Unliquidated | Disputed | Amount of Claim                                   |
|-------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------|------------|--------------|----------|---------------------------------------------------|
|                                                                                                                   |           |                                                                                                      |            |              |          | H--Husband<br>W--Wife<br>J--Joint<br>C--Community |
| Account No: 2365264                                                                                               |           | J Collection Account                                                                                 |            |              |          | \$ 138.00                                         |
| Creditor # : 5<br>Creditors Collection Bureau<br>755 Almar Pkwy<br>Bourbonnais IL 60914                           |           |                                                                                                      |            |              |          |                                                   |
| Account No: 2211996                                                                                               |           | J Collection Account                                                                                 |            |              |          | \$ 387.00                                         |
| Creditor # : 6<br>Creditors Collection Bureau<br>755 Almar Pkwy<br>Bourbonnais IL 60914                           |           |                                                                                                      |            |              |          |                                                   |
| Account No: 6034590610095850                                                                                      |           | J Credit Card Purchases                                                                              |            |              |          | \$ 3,170.30                                       |
| Creditor # : 7<br>GE Money Bank<br>PO Box 981127<br>El Paso TX 79998-1127                                         |           |                                                                                                      |            |              |          |                                                   |
| Account No: 7981924152580080                                                                                      |           | J Credit Card Purchases                                                                              |            |              |          | \$ 532.00                                         |
| Creditor # : 8<br>GEMB/Lowes<br>PO Box 981400<br>El Paso TX 79998                                                 |           |                                                                                                      |            |              |          |                                                   |
| Account No: 6032203371422477                                                                                      |           | J Credit Card Purchases                                                                              |            |              |          | \$ 311.00                                         |
| Creditor # : 9<br>GEMB/Walmart<br>PO Box 981400<br>El Paso TX 79998                                               |           |                                                                                                      |            |              |          |                                                   |
| Account No: 6034590610095850                                                                                      |           | J                                                                                                    |            |              |          | \$ 2,860.00                                       |
| Creditor # : 10<br>Grants Appliance/GEMB<br>PO Box 981439<br>El Paso TX 79998                                     |           |                                                                                                      |            |              |          |                                                   |

In re David J. Clark and Shannon Clark  
**Debtor(s)**

Case No. 09 B

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| Creditor's Name, Mailing Address<br>including Zip Code,<br>And Account Number<br>(See instructions above.) | Co-Debtor | Date Claim was Incurred,<br>and Consideration for Claim.<br>If Claim is Subject to Setoff, so State. | Contingent | Unliquidated | Disputed | Amount of Claim                                   |
|------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------|------------|--------------|----------|---------------------------------------------------|
|                                                                                                            |           |                                                                                                      |            |              |          | H--Husband<br>W--Wife<br>J--Joint<br>C--Community |
| Account No: 5201180120356130                                                                               |           | J Credit Card Purchases                                                                              |            |              |          | \$ 499.00                                         |
| Creditor # : 11<br>HSBC Bank<br>PO Box 5253<br>Carol Stream IL 60197                                       |           |                                                                                                      |            |              |          |                                                   |
| Account No: 5155970018377032                                                                               |           | J Credit Card Purchases                                                                              |            |              |          | \$ 1,096.00                                       |
| Creditor # : 12<br>HSBC Bank<br>PO Box 5253<br>Carol Stream IL 60197                                       |           |                                                                                                      |            |              |          |                                                   |
| Account No: 3099622510                                                                                     |           | J Credit Card Purchases                                                                              |            |              |          | \$ 1,101.00                                       |
| Creditor # : 13<br>Kay Jewelers<br>375 Ghent Road<br>Fairlawn OH 44333-4601                                |           |                                                                                                      |            |              |          |                                                   |
| Account No: 1622765                                                                                        |           | J Medical Bills                                                                                      |            |              |          | \$ 33.92                                          |
| Creditor # : 14<br>Lake Imaging LLC<br>c/o Komyatte & Casbon, PC<br>9650 Gordon Drive<br>Highland IN 46322 |           |                                                                                                      |            |              |          |                                                   |
| Account No: M140722263                                                                                     |           | J Medical Bills                                                                                      |            |              |          | \$ 761.60                                         |
| Creditor # : 15<br>Midwest Physician Group<br>PO Box 95401<br>Chicago IL 60694-5401                        |           |                                                                                                      |            |              |          |                                                   |
| Account No: 3410998441                                                                                     |           | J Gas Bill                                                                                           |            |              |          | \$ 59.00                                          |
| Creditor # : 16<br>Nicor Gas<br>PO Box 8350<br>Aurora IL 60507                                             |           |                                                                                                      |            |              |          |                                                   |

In re David J. Clark and Shannon Clark  
Debtor(s)

Case No. 09 B

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| Creditor's Name, Mailing Address<br><br>including Zip Code,<br>And Account Number<br><i>(See instructions above.)</i>  | Debtor<br>G<br>H--Husband<br>W--Wife<br>J--Joint<br>C--Community | Date Claim was Incurred,<br>and Consideration for Claim.<br>If Claim is Subject to Setoff, so State. | Contingent | Unliquidated | Disputed | Amount of Claim    |
|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------|
|                                                                                                                        |                                                                  |                                                                                                      |            |              |          |                    |
| Account No: <b>M1 40722263</b>                                                                                         | J                                                                | Medical Bills                                                                                        |            |              |          | \$ 308.00          |
| Creditor # : 17<br>Orland Park Surgical Center<br>36186 Treasury Center<br>Chicago IL 60694-6100                       |                                                                  |                                                                                                      |            |              |          |                    |
| Account No: <b>4709801</b>                                                                                             | J                                                                | Collection Account                                                                                   |            |              |          | \$ 198.00          |
| Creditor # : 18<br>Pellittieri and Assoc<br>Nick Kalamotousaki<br>991 Oak Creek Dr<br>Lombard IL 60148                 |                                                                  |                                                                                                      |            |              |          |                    |
| Account No: <b>0209034406</b>                                                                                          | J                                                                | Medical Bills                                                                                        |            |              |          | \$ 301.02          |
| Creditor # : 19<br>St Margaret Mercy<br>37621 Eagle Way<br>Chicago IL 60678-0001                                       |                                                                  |                                                                                                      |            |              |          |                    |
| Account No: <b>1345308</b>                                                                                             | J                                                                | Medical Bills                                                                                        |            |              |          | \$ 40.00           |
| Creditor # : 20<br>St Margaret Mercy Healthcare<br>35682 Eagle Way<br>Chicago IL 60678                                 |                                                                  |                                                                                                      |            |              |          |                    |
| Account No: <b>14286704</b>                                                                                            | J                                                                | Credit Card Purchases                                                                                |            |              |          | \$ 340.22          |
| Creditor # : 21<br>Swiss Colony<br>c/o Van Ru International<br>1350 E Touhy Ave, Ste 300E<br>Des Plaines IL 60018-3307 |                                                                  |                                                                                                      |            |              |          |                    |
| Account No: <b>48156819</b>                                                                                            | J                                                                | Overdraft                                                                                            |            |              |          | \$ 580.89          |
| Creditor # : 22<br>The Private Bank<br>6825 W 111th St<br>Worth IL 60482                                               |                                                                  |                                                                                                      |            |              |          |                    |
|                                                                                                                        |                                                                  |                                                                                                      |            |              |          |                    |
|                                                                                                                        |                                                                  |                                                                                                      |            |              |          | <b>Subtotal \$</b> |
|                                                                                                                        |                                                                  |                                                                                                      |            |              |          | <b>\$ 1,768.13</b> |
|                                                                                                                        |                                                                  |                                                                                                      |            |              |          | <b>Total \$</b>    |
|                                                                                                                        |                                                                  |                                                                                                      |            |              |          |                    |

Sheet No. 3 of 4 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims(Use only on last page of the completed Schedule F. Report also on Summary of Schedules  
and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

*See (Similarity) (1991)*

In re David J. Clark and Shannon Clark,  
Debtor(s)

Case No. 09 B

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Sheet No. 4 of 4 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

|                    |              |
|--------------------|--------------|
| <b>Subtotal \$</b> | \$ 445.00    |
| <b>Total \$</b>    | \$ 15,315.29 |

Summary of Schedules  
and Related Data)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES****DECLARATION UNDER PENALTY OF PERJURY BY AN INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 7 sheets, and that they are true and correct to the best of my knowledge, information and belief.

Date: 10-16-09

Signature

David J. Clark

David J. Clark

Date: 10-16-09

Signature

Shannon Clark

Shannon Clark

[If joint case, both spouses must sign.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Case 09-38918 Doc 1 Filed 10/17/09 Entered 10/17/09 09:23:16 Desc Main  
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UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

In re *David J. Clark*

and

*Shannon Clark*

aka *Shannon Dapice*

Case No. 09-B

Chapter 13

/ Debtor

Attorney for Debtor: *Peter J. Muchunas*

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

Date: 10/16/09

*David J. Clark*  
Debtor

*Shannon Clark*  
Joint Debtor

CB Accounts  
PO Box 1289  
Peoria, IL 61654-1289

Citibank/Fingerhut  
6250 Ridgewood Road  
Saint Cloud, MN 56303

David J. Clark  
Shannon Clark  
257 Park Lane  
Sauk Village, IL 60411

Consultants in Gastroenterology  
701 Superior Avenue  
Suite G  
Munster, IN 46321

Creditors Collection Bureau  
755 Almar Pkwy  
Bourbonnais, IL 60914

GE Money Bank  
PO Box 981127  
El Paso, TX 79998-1127

GEMB/Lowes  
PO Box 981400  
El Paso, TX 79998

GEMB/Walmart  
PO Box 981400  
El Paso, TX 79998

GMAC  
PO Box 380901  
Bloomington, IL 55438

Grants Appliance/GEMB  
PO Box 981439  
El Paso, TX 79998

HSBC Bank  
PO Box 5253  
Carol Stream, IL 60197

Kay Jewelers  
375 Ghent Road  
Fairlawn, OH 44333-4601

Lake Imaging LLC  
c/o Komyatte & Casbon, PC  
9650 Gordon Drive  
Highland, IN 46322

Nicor Gas  
PO Box 8350  
Aurora, IL 60507

Orland Park Surgical Center  
36186 Treasury Center  
Chicago, IL 60694-6100

Pellittieri and Assoc  
Nick Kalamotousaki  
991 Oak Creek Dr  
Lombard, IL 60148

St Margaret Mercy  
37621 Eagle Way  
Chicago, IL 60678-0001

St Margaret Mercy Healthcare  
35682 Eagle Way  
Chicago, IL 60678

Swiss Colony  
c/o Van Ru International  
1350 E Touhy Ave, Ste 300E  
Des Plaines, IL 60018-3307

The Private Bank  
6825 W 111th St  
Worth, IL 60482

WFBC/HSN  
PO Box 337003  
North Glenn, CO 80233

WFN-The Avenue  
PO Box 29185  
Shawnee Mission, KS 66201-9185